

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Position applied for _____ Date of Application _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State & Zip Code

Telephone # (____) _____ Mobile/Other Phone # (____) _____ E-Mail Address _____

If you are under 18, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-time Summer Help Temporary

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR OF EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past (3) employers, assignments or volunteer starting with the most recent.

From: _____ To: _____ Employer _____ Telephone: _____

Job Title: _____ Address: _____ May we contact employer for reference? _____

Name of Supervisor _____ Type of work & job responsibilities _____

Reason for leaving _____ Hourly starting rate _____ Hourly ending rate _____

From: _____ To: _____ Employer _____ Telephone: _____

Job Title: _____ Address: _____ May we contact employer for reference? _____

Name of Supervisor _____ Type of work & job responsibilities _____

Reason for leaving _____ Hourly starting rate _____ Hourly ending rate _____

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Job Title: _____ Address: _____ May we contact employer for reference? _____

Name of Supervisor _____ Type of work & job responsibilities _____

Reason for leaving _____ Hourly starting rate _____ Hourly ending rate _____

AN EQUAL OPPORTUNITY EMPLOYER

Skills & Qualifications

Summarize any training, skills and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Education Background

Name & Location	Number of years completed	Did you graduate?	Course of Study
High School			
College			
Other			

References

Name	Telephone	# of years known
	()	
	()	
	()	

Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding this employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by applicable local, state and federal law.

I understand that this application remains current for only 10 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

AGREEMENT, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I,

LAST NAME FIRST NAME MIDDLE NAME (Please include Jr, Sr, II, III, etc)

Understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment and/or retention, Jasper Lumber Company, Inc. will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Jasper Lumber Company, Inc. Jasper Lumber Company, Inc. uses AbsoluteBackgrounds, a consumer-reporting agency, as an agent to perform its employment related background investigations.

AbsoluteBackgrounds will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Jasper Lumber Company, Inc. and AbsoluteBackgrounds.

I agree, authorize and consent to the procurement of a Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Jasper Lumber Company, Inc. if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature of all information provided to Jasper Lumber Company, Inc. I further understand that I may request a copy of the report, and that with doing so, proper identification will be required and I should direct my request to: AbsoluteBackgrounds, 3875 Atherton Road, Roseville CA 95765. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed

Today's Date

Printed Name

Position Applied For

Social Security Number

Date of Birth

Driver's License Number

Other names you have used or are also known as:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS Mo./Yr./Mo./Yr.

Current Address: Street Apt# City State Zip Code From/To?

Former Address: Street Apt# City State Zip Code From/To?

Former Address: Street Apt# City State Zip Code From/To?

Former Address: Street Apt# City State Zip Code From/To?